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FAMILY NAME:	IVERSEN	DELAY WAIVED (Y/N):	Y
GIVEN NAME:	LESLIE LARS	DEMAND RECEIVED (Y/N):	Y
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APPLICATION TITLES:  
ANALGESIC COMPOSITIONS

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Bib Data Sheet


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<b>SERIAL NUMBER</b> 09/529,537	<b>FILING DATE</b> 06/19/2000 <b>RULE</b> -	<b>CLASS</b> 514	<b>GROUP ART UNIT</b> 1614	<b>ATTORNEY DOCKET NO.</b> P24.002USA	
<b>APPLICANTS</b> LESLIE LARS IVERSEN, OXFORD, ENG ;					
<b>** CONTINUING DATA *****</b> THIS APPLICATION IS A 371 OF PCT/GB98/03076 10/12/1998					
<b>** FOREIGN APPLICATIONS *****</b> UNITED KINGDOM 97-21746.7 10/15/1997					
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 06/30/2000</b>					
Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <u>                    </u> Examiner's Signature Initials		<b>STATE OR COUNTRY</b> ENG	<b>SHEETS DRAWING</b> -	<b>TOTAL CLAIMS</b> 2	<b>INDEPENDENT CLAIMS</b> 1
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<b>TITLE</b> ANALGESIC COMPOSITIONS					
<b>FILING FEE RECEIVED</b> 970	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		

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